

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CHS</i>		11/6/99
O.I.P.E. CLASSIFIER		49	11/15/99
FORMALITY REVIEW	CM	71632	11-17-99 71632 1-4-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 A ..... Abandon  
 S ..... Specified  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Final	Original	Date
1	1	1	11-26-99
2	2	2	11-26-99
3	3	3	11-26-99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here